



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 1/7/2005
Time Start 3:00 PM
Time Finish 3:30 PM

HAZARDOUS WASTE INSPECTION REPORT CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR

Company name SWAN CLEANERS I.D. Number PAR000037051
Address 240-2 WEST END BLVD. QUAKERTOWN
County BUCKS Municipality QUAKERTOWN ZIP 18951
Name of Inspector ALEX PAGE
Name & Title of Responsible Official JOUNG HEE YOON - OWNER
Person Interviewed JOUNG HEE YOON Telephone (215) 804-0430
Mailing Address (if different from above) SAME
Amount of Hazardous Waste Generated per Month: _____ kg 25 lbs
Waste Determination Completed? ☒ Yes ☐ No Waste On-Site Greater Than 1,000 kg. ☐ Yes ☒ No.
Universal Waste: Large Quantity Handler? ☐ Small Quantity Handler? ☐
Universal Waste Types _____

1. Waste Handling Method:

- ☐ On-Site in a treatment, storage or disposal facility permitted under Chapter 270a and incorporated sections of 40 CFR Part 270.
- ☒ Off-Site in a treatment, storage or disposal facility permitted under Chapter 270a and incorporated sections of 40 CFR Part 270 or having interim status under Chapter 265a and incorporated sections of 40 CFR Part 265.
- ☐ On-Site treatment & off-site treatment, storage or disposal in compliance with 40 CFR Section 261.5 and 25 PA Code Section 261a.5.
- ☐ Off-Site in a permitted municipal or industrial facility in another state.
- ☐ Off-Site to a facility which beneficially uses or reuses, or legitimately recycles or reclaims its waste
- ☐ Off-Site to a facility that treats waste prior to beneficial use or reuse, or legitimately recycles or reclaims its waste

2. Hazardous Waste Transportation: Self transportation ☐ yes ☒ no

If no: Transporter Name NATIONAL WASTE CLEAN, INC.
License Number NJDEP 50149

3. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
<u>F002, D039</u>	<u>WASTE TETRACHLOROETHYLENE</u>	<u>NATIONAL WASTE CLEAN</u>
		<u>304 PULASKI ST</u>
		<u>SOUTH PLAINFIELD NJ</u>
		<u>07080</u>

HAZARDOUS WASTE DRUMS ARE LABELED
DRY CLEANING MACHINE NOT LEAKING

1411:07 CEI Compliance Evaluation 01/07/2005

PF 663245 PAR000037051 SWAN CLNRS HW OPERATION PAR000037051

CAHWO Captive Haz ACTIV Active

More SF 843610 843610 SWAN CLNRS HGCAP

ACTIV Active

General Insp SF Viol Rel Insp Comp Asst Cover Area Admin **Fac** Summary

446831 PAGE, ALEX More


NOVIO No Violations Noted

DEP PA Dept of Environmental Prote

WMHW 4100 SE REGIONAL OFFICE NORRISTO External Details

09 Bucks 09811 Quakertown

Create ENR Back Go To

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).		 EPA		Notification of Regulated Waste Activity		RECEIVED PA / Date Received (For Official Use Only) DEC 21 1998		
United States Environmental Protection Agency								
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)								
<input checked="" type="checkbox"/> A. First Notification		<input type="checkbox"/> B. Subsequent Notification (complete item C)		C. Installation's EPA ID Number PAR000037051				
II. Name of Installation (Include company and specific site name)								
SWAN CLEANERS								
III. Location of Installation (Physical address not P.O. Box or Route Number)								
Street								
240 - 2 WEST END BLVD								
Street (continued)								
City or Town						State	ZIP Code	
QUAKERTOWN						PA	19951 -	
County Code		County Name						
017		BUCKS						
IV. Installation Mailing Address (See Instructions)								
Street or P.O. Box								
Same								
City or Town						State	ZIP Code	
							-	
V. Installation Contact (Person to be contacted regarding waste activities at site)								
Name (last)			(first)					
SON HUI YI								
Job Title			Phone Number (area code and number)					
OWNER			215-804-0430					
VI. Installation Contact Address (See Instructions)								
A. Contact Address		B. Street or P.O. Box						
Location	Mailing							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Same						
City or Town		State		ZIP Code				
VII. Ownership (See Instructions)								
A. Name of Installation's Legal Owner								
Same								
Street, P.O. Box, or Route Number								
City or Town						State	ZIP Code	
							-	
Phone Number (area code and number)			B. Land Type	C. Owner Type	D. Change of Owner Indicator (Date Changed)			
215-804-0430			P	P	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Month	Day	Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify <div style="border: 1px solid black; height: 15px; width: 150px; margin-top: 5px;"></div>	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter Refractor <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D007 D009 D039 D040

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F002					

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (type or print)

Date Signed

XI. Comments

BAH/CM 12/23/98

✓MS

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ PAR0000037051 01/13/99

INSTALLATION ADDRESS

SWAN CLERS
240-2 WEST END BLVD
QUAKERTOWN, PA 18951
SON HUI YI OWNER

240-2 WEST END BLVD
QUAKERTOWN, PA 18951